



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
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April 9, 2007

Heather Ann Gray, Administrator  
Generations Assisted Living & Wellness--Phase II  
13400 N Meyer Rd  
Rathdrum, ID 83858

Dear Ms. Gray:

On March 29, 2007, a Initial Licensure survey was conducted at Generations Assisted Living & Wellness--Phase II. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be "JS" or "J. Simpson", written in a cursive style.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R864</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/29/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>GENERATIONS ASSISTED LIVING &amp; WELLNE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13400 N MEYER RD RATHDRUM, ID 83858</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue or non-core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> <p>Sydney Braithwaite, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE